

## ABSTRACT

An epidural injection is used in medical procedure to administer medication to a patient's epidural space in the spine, usually to alleviate pain. Although effective in purpose, current medical procedure to administer an epidural injection does contain a flaw that exposes the patient to possible infection, usually manifested as an epidural abscess or bacterial meningitis. A source for infection stems from the manner the epidural catheter, specifically the proximal end not being inserted into the patient, is traditionally handled throughout the procedure – usually freely hanging, susceptible to breaking the sterile field and becoming contaminated. The current invention, an epidural catheter dispenser system, seeks to eliminate this risk of epidural catheter contamination by maintaining the epidural catheter, especially the proximal catheter end, in a sterile dispenser that can be easily manipulated by a physician. The epidural catheter dispenser system defines an inner cavity in which an epidural catheter may be loaded. When ready for use, a distal catheter end is extracted from the dispenser's inner cavity through a dispenser aperture on the dispenser's distal end piece, or top, allowing the physician to direct the epidural catheter into an epidural needle bore and into a patient's epidural space. Because the epidural catheter dispenser system and its epidural catheter contents fit easily into the palm of a physician's hand, the proximal catheter end is permanently in a controlled, contained sterile environment throughout the entire catheter placement procedure until extracted from the dispenser. The current invention minimizes and virtually eliminates the risk of epidural catheter contamination. Thus, the epidural catheter dispenser system provides benefits beyond existing epidural injection procedures including: (1) reduced risk of infection of the patient receiving an epidural injection; (2) easier catheter management for the physician; (3) better control of the medical microenvironment for the physician; and (4) improved medical efficiencies.